



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D5388-1

Job Sheet 186004



Part No: D5388-1

Job Qty: 10 ea

Part Name: Stub Cover



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/8/18

Job Tracking No:

Due Date: 11/30/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A IPP REV:A NEW ISSUE 16-02-26 JLM VERIFIED BY:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation           | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                   |
|-------|---------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------------------------|
|       |                     |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                            |
| 110   | Waterjet - Flow - 1 | 10 pcs |            | 11/30/18 | 0.00      | 1.56    | Waterjet - Flow       |           | 18/12/11                   |
| 120   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC2 Waterjet-4        |           | 18/12/11 DAS               |
| 130   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC8-6                 |           | DEC 17 2018 68             |
| 140   | Brake NC            | 10 pcs |            | 11/30/18 | 0.07      | 1.28    | Brake NC 2            |           | DAS 9-89                   |
| 150   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC5                   |           | 38                         |
| 160   | Large Fab           | 10 pcs |            | 11/30/18 | 0.00      | 12.50   | Large Fab 2           |           | 78 9-89                    |
| 170   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC9                   |           | EL                         |
| 180   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC5                   |           |                            |
| 190   | HandFinish          | 10 pcs |            | 11/30/18 | 0.00      | 0.79    | HandFinish1           |           | D.R. 19/02/04              |
| 200   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC7-5                 |           | 19-2-05                    |
| 210   | Powdercoat          | 10 pcs |            | 11/30/18 | 0.00      | 0.26    | Powdercoat4           |           | 19-2-05                    |
| 220   | QC                  | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | QC3                   |           | 19-04-05                   |
| 230   | Packaging           | 10 pcs |            | 11/30/18 | 0.00      | 0.00    | Packaging3-2          |           | 52245 FEB 05 2019 6        |
| 240   | QC21-SA             | 10 Ea  |            | 11/30/18 | 0.00      | 0.00    | QC21                  |           | DAS-89 21 9-89 FEB 05 2019 |

M 138940

START 8:55

O.T. 300° FINISH: 9:25.

### Job BOM

| Part / Item  | Component Name     | Quantity            | Operation               | Container          |
|--------------|--------------------|---------------------|-------------------------|--------------------|
| M6061T6S.063 | 6061-T6 .063 Sheet | 8.3500 sf (.835 ea) | 110-Waterjet - Flow - 1 | 5055004<br>5076996 |

### Job Allocations

| Operation               | Component Part | Required | Inventory | Allocated |
|-------------------------|----------------|----------|-----------|-----------|
| 110-Waterjet - Flow - 1 | M6061T6S.063   | 8        | 176       | 0         |

### Part Specifications

Specifications could not be found.

1/29 - 10:30  
1:00

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MRB (QSI042) Approval                       |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
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| <b>Root Cause</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Environment <input type="checkbox"/></td> <td style="width:50%;">No Re-verification <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No Re-verification <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <br><div style="font-size: small;">             Part: D5388-1<br/>             Job No: 186004<br/>             Serial No/Batch: S136611<br/>             Revision: _____<br/>             Inspector: _____<br/>             Exp Date: _____<br/>             Instructions: Various STC's<br/>             Date: 01/04/19           </div> |  |  |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No Re-verification <input type="checkbox"/>                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Operator <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Offset/Setup <input type="checkbox"/>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Training <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Use for Testing <input type="checkbox"/>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Poor Information <input type="checkbox"/>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Rushing <input type="checkbox"/>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Product Improvement <input type="checkbox"/>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Process Improvement <input type="checkbox"/>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Manufacturing Process <input type="checkbox"/>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Positioned Wrong</td></tr> <tr><td><input type="checkbox"/></td><td>Outside Dimensions</td></tr> <tr><td><input type="checkbox"/></td><td>Over/Under tolerance</td></tr> <tr><td><input type="checkbox"/></td><td>Part Incorrect</td></tr> <tr><td><input type="checkbox"/></td><td>Part Lost/Missing</td></tr> <tr><td><input type="checkbox"/></td><td>Part Moved</td></tr> <tr><td><input type="checkbox"/></td><td>Drawing</td></tr> <tr><td><input type="checkbox"/></td><td>Finish</td></tr> <tr><td><input type="checkbox"/></td><td>Misread</td></tr> <tr><td><input type="checkbox"/></td><td>Turning Sequence</td></tr> </table> |                                             |                                 | <input type="checkbox"/>          | Positioned Wrong                  | <input type="checkbox"/>              | Outside Dimensions                     | <input type="checkbox"/>          | Over/Under tolerance                  | <input type="checkbox"/>          | Part Incorrect                    | <input type="checkbox"/>                 | Part Lost/Missing                           | <input type="checkbox"/>                  | Part Moved                                | <input type="checkbox"/>         | Drawing                      | <input type="checkbox"/>                     | Finish                              | <input type="checkbox"/>                     | Misread                                   | <input type="checkbox"/>                       | Turning Sequence                       |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Outside Dimensions                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Over/Under tolerance                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Incorrect                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Moved                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                 |                                   |                                   |                                       |                                        |                                   |                                       |                                   |                                   |                                          |                                             |                                           |                                           |                                  |                              |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                           |  |  |
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